MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (106-a)

03080

CERTIFICATE OF DEATH

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS A15

1. PLACE OF DEATH

County Dorchester

City or town Cambridge (WITHIN CORPORATE LIMITS)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Boundary Ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 32 —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Boundary Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No —

3. (a) FULL NAME Henrietta L. Andrews —

3. (b) Social Security Number None —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Late John A Andrews deceased 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 4-14-1859

8. AGE: Years 80 | Months 11 | Days 4 | If less than one day ____ hrs. ____ min.

9. Birthplace Lakeview Md. —

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Levin Evans —

13. Birthplace Md —

MOTHER 14. Maiden name Eliza Paul

15. Birthplace Md

16. Informant Mrs Harvey Conway Jr

Address Cambridge Md

17. Burial Date thereof May 25, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Md.

18. Funeral director G S LeCompte

Address Cambridge, Md

19. 3-25-1940 John Meade Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23 1940 at 1.40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 1940, to March 23 1940, and that I last saw her alive on March 23 1940.

	DURATION
Immediate cause of death: Pulmonary Edema	1 day
Due to: Acute Bronchitis	3 days
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Meade Jr M. D. or other

Address Cambridge Md Date signed 3/24/40

RECEIVED
APR 4 1946
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03081

1. PLACE OF DEATH

County Dorchester (82) Registration Dist. No. 116

Village or City Cambridge No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 10 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John W Blades If U. S. Veteran, specify WAR

(a) Residence: No. St. Michael's Md St., Ward Social Security No. 425-07-8636

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 21 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	56	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Michael's
(State or country) Maryland

FATHER

13. NAME John H. Blades

14. BIRTHPLACE (city or town) St. Michael's
(State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Bloodsworth

16. BIRTHPLACE (city or town) St. Michael's
(State or country) Maryland

17. INFORMANT Hospital Records
(Address) State Hospital Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Michaels Date Mar 13, 1940

19. UNDERTAKER Newnam & Harrison
(Address) St. Michaels, Md.

20. FILED 2-11, 1940 John Mace Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
March 9 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to March 9, 1940
I last saw him alive on March 9, 1940; death is said to have occurred on the date stated above, at 10.45PM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopnuemonia	Mar 7
Other Contributory Causes of importance: Spastic Paraplegia	birth
Imbecility	"

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Charles W Taylor M. D.
(Address) Cambridge, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(8)

03082

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County Dorchester

City or town Vienna Outside

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Bradford · Still born

3. (b) Social Security Number No

4. Sex M.

5. Color or race Col

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 - 1940

8. AGE: Years | Months | Days | If less than one day Still born hrs. min.

9. Birthplace Vienna (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Albert Bradford

13. Birthplace Vt. New York

MOTHER

14. Maiden name Maude Elliott

15. Birthplace Vienna Md.

16. Informant Albert Bradford

Address Vienna

17. Reeds Grove Burial (Burial, cremation, or removal. Which?) Date thereof March 16 - 40 (month) (day) (year)

Cemetery or crematory Reeds Grove Cemetery

Location Reeds Grove

18. Funeral director Father of deceased.

Address Vienna Md.

19. March 16 1940 (Date rec'd by registrar) Elizabeth W. Craft Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 - 1940, at 1 p. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19

Immediate cause of death Still born

Due to No physician in

Due to attendence

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Elizabeth W. Craft Local Registrar M. D. or other

Address Vienna Md Date signed March 16

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (III-a)

CERTIFICATE OF DEATH

03083

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days): 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Walsh Campbell

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Clarence H. Campbell

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 77 Months: — Days: If less than one day: hrs. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: John Walsh

13. Birthplace: Md.

MOTHER 14. Maiden name: Mary Unknown

15. Birthplace: Md.

16. Informant: Miss Alberta Bayly

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 7 1940 (month) (day) (year)

Cemetery or crematory: Spring Hill Cemetery

Location: Easton, Md

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md.

19. 3-6 (Date rec'd by registrar) 1940 John Meaco Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 5 1940, at 12 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 11 1936, to Mar 5 1940 and that I last saw h- alive on Mar 5 1940

Immediate cause of death: Pulmonary embolism — DURATION: 1/2 hr.

Due to: Arteriosclerosis — many years

Due to:

Other conditions: Cardiac dilatation — ?

chronic cholecystitis. — ?

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Schnieder M.D.

M. D. or other

Address: Cambridge Md Date signed: Mar 6, 1940

RECEIVED
APR 4 1940
BUREAU V. S.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (88-0)

03084

CERTIFICATE OF DEATH

Reg. Dist. No. 11 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-AIB

1. PLACE OF DEATH:

County Dorchester md

City or town Daleschester c.v

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lizzie b Chase

3. (b) Social Security Number 219-03-5098

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
feame	Colored	Stephen Chase

6(b) Name of husband or wife Lizzie chase

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan 14 1886

8. AGE: Years 54 | Months 2 | Days 9 | If less than one day: hrs. min.

9. Birthplace Va (Town, county, and state) Drawbridge md

10. Usual occupation House maid

11. Industry or business

FATHER 12. Name Henry Stables

13. Birthplace Drawbridge md

MOTHER 14. Maiden name Lilia Stanley

15. Birthplace md

16. Informant Stephen Chase

Address Vanita md

17. Burial, cremation, or removal. Which?) Griffin Meck Date thereof March 25-40 (month) (day) (year)

Cemetery or crematory Griffin Cemetery

Location ne Cor drawbridge md

18. Funeral director Lewis H Bozman

Address Cambridge

19. Mar 29 1940 (Date rec'd by registrar) Elizabeth M. Graffi Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25th 1940, at 2:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/22 1940 to 3/25 1940, and that I last saw h alive on 3/25 1940

Immediate cause of death Cerebral Hemmorhage — DURATION 6 hours

Due to

Due to

Other conditions Impaction right Cerebrum Cerebral Hemmorhage

(Include pregnancy within 3 months of death)

Major findings:

Of operations no operation

Of autopsy no

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Mary Steele M. D. or other

Address Cambridge Md Date signed

RECEIVED
APR 1 1940
BUREAU F. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

03085

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 10 William St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 10 William St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Wm. M. Crane

3. (b) Social Security Number: 212-10-4552

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Jane Fox

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Mar 28 1876

8. AGE:

Years	Months	Days	If less than one day
63	11	29	____ hrs. ____ min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: Manager of Factory

11. Industry or business: Manufacturing Factory.

FATHER
12. Name: John O. Crane
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden name: Mary L. Moffitt.
15. Birthplace: Baltimore, Md

16. Informant: Mrs Mrs. M. Crane
Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 29, 1940 (month) (day) (year)

Cemetery or crematory: Woodlawn Cemetery.

Location: Baltimore, Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md.

19. Mar. 28 1940 (Date rec'd by registrar) to John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27th 1940, at 10:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1934, to March 27th 1940, and that I last saw him alive on March 27th 1940.

Immediate cause of death	DURATION
Congestive heart failure	
Due to Hypertensive cardio-vascular renal disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: L. O. Meredith, M.D.
M. D. or other

Address: 28 Poplar Street Date signed: Mar 28th 1940

RECEIVED
APR 4 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

03086

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: WITHIN CORPORATE LIMITS

Cambridge - Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 days

Stay in this community (yrs., or mos., or days): all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 402 Hughlett St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Flora Dirce

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	widowed

B (b) Name of husband or wife: Sylvester Dirce

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): 1870

8. AGE:

Years	Months	Days	If less than one day
70	X	X	____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: Home

FATHER
12. Name: Samuel Smith
13. Birthplace: Md

MOTHER
14. Maiden name: Louisa Willey
15. Birthplace: Md

16. Informant: Edward Smith - nephew

Address: 8 Race St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: mar. 12-1940 (month) (day) (year)

Cemetery or crematory: East new market,

Location: East, new market, Md.

18. Funeral director: Kenneth R. Thomas

Address: Cambridge, Md

19. 3-12 (Date rec'd by registrar) 19 40 [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 10 19 40, at 6-50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death: Shock — DURATION: 1 1/2 days

Due to: Laceration of Scalp and depressed fracture of skull

Due to: Compound comminuted fracture right humerus

Other conditions: Comminuted fracture of right tibia and fibula
(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: ✓

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date: Mar. 9-1940

Where did injury occur? Cambridge (City or town) Dor. (County) Md. (State)

Injured at home, farm, industry, public place (where?): on street

Means of injury: automobile Injured at work? No

23. SIGNATURE: Jos. K. Shivers Dep. Med. Exam. M. D. or other

Address: Cambridge Md Date signed: Mar. 11/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

03087

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Race St. Ext.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Race St. Ext.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Stillborn Infant Elzey.
3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced —
6 (b) Name of husband or wife —
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Mar 3rd 1940
8. AGE: Years — Months — Days — If less than one day hrs. min.
9. Birthplace Cambridge Md. (Town, county, and state)
10. Usual occupation —
11. Industry or business
FATHER 12. Name James Elzey.
13. Birthplace Cambridge Md.
MOTHER 14. Maiden name Evelyn Phillips.
15. Birthplace Cambridge Md.
16. Informant James Elzey.
Address Cambridge Md.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof Mar. 4th 1940 (month) (day) (year)
Cemetery or crematory Church Creek
Location Church Creek Md.
18. Funeral director Frank E. Altamyer
Address Cambridge, Md.
19. 3/3/40 (Date rec'd by registrar) 19 John Moore Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 3 1940, at 1:30 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19 , to 19 ,
and that I last saw h alive on Not at all 19 .
Immediate cause of death Stillborn
Cause unknown.
Due to
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Moore Jr M. D. or other
Address Cambridge Date signed 3/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1919
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93rd)

CERTIFICATE OF DEATH

03088

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Camb. Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 2 mos.

Stay in this community (yrs., or mos., or days): 10 yrs +

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 7 Coleman's Alley (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: Frank Hall

3. (b) Social Security Number: Joss. 231-12-9124 ~~none~~

4. Sex: M

5. Color or race: C

6. (a) Single, ~~married, widowed, or divorced~~: Single

B (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): May 15 - 1875

8. AGE: Years 64 Months 10 Days 8 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland, (West River) (Town, county, and state)

10. Usual occupation: laborer.

11. Industry or business:

FATHER 12. Name: William Hall.

13. Birthplace: Prince George Co. Md.

MOTHER 14. Maiden name: Amelia West.

15. Birthplace: Prince George Co Md.

16. Informant: Nicholas Hall.

Address: 607 Tyson St. Balto Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: March 28 - 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Cemetery, Silent City

Location: Cambridge Md.

18. Funeral director: Lewis A. Henry

Address: 222 Cedar St. Cambridge Md.

19. 3/28 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 23 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 5 1939, to Mch. 23 1940, and that I last saw him alive on Mch. 23 1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 6 mo.

Due to:

Due to:

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: P. H. Trance M. D. or other

Address: Cambridge, Md. Date signed: Mch 24 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

CEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d) tr

03089

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or Inst. (yrs., or mos., or days): 3 yrs., 1 Mo., 26 Days
Stay in this community (yrs., or mos., or days): Same as above.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: St. Martins Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James H. Hall

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Grace White
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 25, 1848

8. AGE: Years: 91 Months: 5 Days: 1 If less than one day: hrs. min.

9. Birthplace: Ocean View, Delaware
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business: Agricultural

FATHER
12. Name: John C. Hall
13. Birthplace: Ocean View, Delaware

MOTHER
14. Maiden name: Mary Fassitte
15. Birthplace: Ocean View, Delaware

16. Informant: Hospital Records, State Hospital
Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 28-1940 (month) (day) (year)
Cemetery or crematory: Berlin Cemetery
Location: Berlin, Md.

18. Funeral director: J. W. Burbage
Address: Berlin, Md.

19. 3-26 19 40 (Date rec'd by registrar) John Meaco jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 26 19 40, at 1:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 1 19 38, to March 26 19 40, and that I last saw him alive on March 25 19 40.

	DURATION
Immediate cause of death: Chronic Myocarditis	3 Years
Due to: General Arteriosclerosis	3 Years
Due to:	
Other conditions: Senile Psychosis	5 Years plus

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Percy G. Hawkins M. D. or other
Address: State Hospital, Cambridge, Md. Date signed 3/26/40

CEIVED
APR 4 1940
BUREAU V. S.

03090

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 days.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Md Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 106 West End Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Katharine Harvey.

3. (b) Social Security Number: 212-16-9024

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years: 75 Months: — Days: — If less than one day: hrs. min.

9. Birthplace: Cambridge Md. (Town, county, and state)

10. Usual occupation: Factory Employee

11. Industry or business: Underwear Factory

FATHER 12. Name: Phillip Harvey.

13. Birthplace: Cambridge Md

MOTHER 14. Maiden name: Mary E. Sherman

15. Birthplace: Cambridge Md

16. Informant: Mary E. Buttingham

Address: Baltimore, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 21, 1940 (month) (day) (year)

Cemetery or crematory: Cambridge Cemetery

Location: Cambridge Md

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. 3-21 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 19 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 3 1940, to Mar 19 1940, and that I last saw her alive on Mar 19

Immediate cause of death: Inanition — DURATION: 3 wks

Due to: Abdominal Carcinoma and Metastases — 3-4 yrs

Due to: Primary lesion Cardiac end of Stomach

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ✓

Of autopsy: ✓

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Jos. K. Shriver M. D. or other

Address: Cambridge Date signed: Mar 21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1942
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

03091

Reg. Dist. No. 7-6-13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Taylor's Island - Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Smithville -
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Taylors Island Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Smithville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Henson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	C	widowed

6 (b) Name of husband or wife ~~did not know~~ (Deceased)
Addie Henson 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — — 1858

8. AGE: Years 82 Months — Days — If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Hawthorn Dunnock

13. Birthplace Md

MOTHER 14. Maiden name Sophia Henson

15. Birthplace Md

16. Informant Ethel Wheatley - cousin
Address Taylor's Island

17. Burial Date thereof 3-4-40.
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery
Location Smithville Md.

18. Funeral director Sam'l A. Henry
Address 222 Cedar St. Cambridge Md.

19. Mar 2 1940 J R Neild Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 1 1940 at 3-30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1940 to Mar 1 1940, and that I last saw h— alive on Feb 18 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	1 yr.
Due to Cardio-Renal-Vascular syndrome	1 yr.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Dt operations
Dt autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. K. Shriver - M.D.
M. D. or other
Address Cambridge Md. Date signed Mar. 2/40

MAR 12 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03092

(159)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. 109 Willis St. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurrad ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Hurley If U. S. Veteran, specify WAR ...

(a) Residence: No. 109 Wilkes St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 3/14/40

7. AGE	Yeers	Months	Deys	If LESS than 1 dey, ... hrs. or 7 min.

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Data deceased last worked at this occupetion (month end yeer) ... 11. Totel time (years) spent in this occupetion ...

12. BIRTHPLACE (city or town) Cambridge (Steta or country) Maryland.

FATHER

13. NAME Austin J. Hurley

14. BIRTHPLACE (city or town) Cambridge R.F.D. #2. (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Flowgow.

16. BIRTHPLACE (city or town) Madela (State or country) Maryland

17. INFORMANT Austin J. Hurley (Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Plece Cambridge Md Date 3/15, 1940

19. UNDERTAKER Austin J. Hurley (Address) Cambridge, Md.

20. FILED 3-15, 1940 John Meade Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 14, (Day) 1940. (Year)

22. I HEREBY CERTIFY, That I attended deceased from 3/14, 1940, to 3/14, 1940.

I last saw h.. alive on 3/14, 1940; death is said to heve occurred on the date steted above, at 1:00 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importence were as follows:

Prematurity (6 months gestation) — Date of onset 3/14/40.

Other **Contributery Causes** of importence:

Neme of oparation ... Deta of ...

What tast confirmed diegnosis? ... Wes there an autopsy? ...

23. If death wes dua to axternel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Wes disease or injury in eny way related to occupetion of decaesed? ...

If so, specify ...

(Signad) N. T. Kanes M. D.

(Address) Cambridge, Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, **e. g.**, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 4 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03093

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (131-6) No Social Security Number

County Dorchester Registration Dist. No. 116

Village or City Cambridge, Maryland No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 65 yrs. 10 mos. 9 ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard P. Insley If U. S. Veteran, specify WAR No

(a) Residence: No. Wingate, Dorchester Co., Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Knabe

6. DATE OF BIRTH (month, dey, and year) April 27, 1874

7. AGE	Years	Months	Days	If LESS than 1 dey, hrs. or min.
	65	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Police Captain

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Civil Officer

10. Date deceased last worked at this occupation (month and year) 2 Yrs. Ago

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Dorchester County, Maryland

FATHER

13. NAME Richard H Insley

14. BIRTHPLACE (city or town) (State or country) Dorchester County, Md.

MOTHER

15. MAIDEN NAME Mary Mister

16. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

17. INFORMANT Hospital Records, State Hospital (Address) Cambridge, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Cambridge, Md Date 3/ 24 1940

19. UNDERTAKER Granville L. Compton (Address) Cambridge, Md

20. FILED Mar. 21, 1940 John Macelroy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 18, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 12 1938 to March 18 1940

I last saw him alive on March 17 1940; death is said to have occurred on the date stated above, at 4:43A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	3/12/40
Other Contributory Causes of Importance:	
Auricular Fibrillation	3/13/40
Chronic Endocarditis	1938
Chronic Nephritis	1938

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Percy G. Hamlin M. D.

(Address) State Hosp, Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

APR 4 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03094

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Sidewalk at 211 Pine St.

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2 Hughes Ave - Pine & Wells St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Wm Jones

3. (b) Social Security Number

4. Sex: Male

5. Color or race: C

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 1 - 1912

8. AGE: Years: 27 Months: 9 Days: 18 If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Leader

11. Industry or business: Dance Orchestra

FATHER
12. Name: Robert Jones
13. Birthplace: Md

MOTHER
14. Maiden name: Sarah Camper
15. Birthplace: Md

16. Informant: Sarah Jones - mother

Address: 407 Pine St. Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 22, 1940 (month) (day) (year)

Cemetery or crematory: Bethel Cem.

Location: Cambridge, Md

18. Funeral director: Lewis H. Bayneum

Address: Cambridge, Md.

19. 3 - 21 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1940, at 11-45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 ____, to — 19 ____, and that I last saw h — alive on — 19 ____.

Immediate cause of death: Paralysis of heart and respiratory centers

Due to: Pistol shot wound through medulla

Due to:

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy: —

DURATION: Immediate

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: homicide Date of: March 19/40

Where did injury occur? Cambridge (City or town) Dor. (County) Md. (State)

Injured at home, farm, industry, public place (where?): on street

Means of injury: Pistol shot Injured at work? No

23. SIGNATURE: Jos. K. Shriver, D.M.E. M. D. or other

Address: Cambridge - Md Date signed: Mar 19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 23 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03095

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH

County Dorchester

City or town Hurlock (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 10 year

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Nettie S. LeCompte

3. (b) Social Security Number no

4. Sex Female

5. Color or race white

6. (a) Single, married, widowed, or divorced divorced

6 (b) Name of husband or wife Daniel Le Compte

6(c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) July 31st 1868

8. AGE: Years 71 Months 7 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Wm Spry Bradley

13. Birthplace Md

MOTHER 14. Maiden name Emily Hopkins

15. Birthplace Md

16. Informant W. C. Bradley

Address Hurlock

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 12 1940 (month) (day) (year)

Cemetery or crematory Cem

Location Hurlock.

18. Funeral director F. B. Willoughby.

Address Hurlock

19. March 12th 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/9 1940, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/23 1940, to 3/9 1940, and that I last saw her alive on 3/9/40 19

Immediate cause of death Septicaemia (General Streptococcus Infection)

Due to

Due to

Other conditions Lobar Pneumonia; Duration: four days C.W.S.B. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G Roger Myers M. D. or other

Address Hurlock Date signed 3/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03096

Reg. Diat. No. 110

1. PLACE OF DEATH:
County Dorchester
City or town Hurlock – Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 67 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock – Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward N. Medford

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elizabeth Medford
6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) March 13, 1872

8. AGE: Years	Months	Days	If less than one day
67	11	25	hrs. min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Own Farm
FATHER 12. Name John Medford
13. Birthplace Dorchester County, Maryland
MOTHER 14. Maiden name Liza Sard
15. Birthplace Dorchester County, Maryland
16. Informant Woodrow Medford
Address Hurlock, Maryland R.F.D.
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 11, 1940 (month) (day) (year)
Cemetery or crematory Washington Cemetery
Location Hurlock, Maryland
18. Funeral director J. J. Frampton & Son
Address Eddesburg, Maryland
19. March 11 1940 (Date rec'd by registrar) Thos. H. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 8 1940, at 11:50 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/10 1940 to 3/8 1940, and that I last saw h living on 3/7/40 1940.

Immediate cause of death	DURATION
Carcinoma of Stomach	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. K. Knotts M. D. or other
Address Federalsburg, Md Date signed 3/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

03097

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:
County Dorchester
City or town Taddeville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 year (last)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Taddeville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Viva Rascanna Meredith

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married —

6 (b) Name of husband or wife John N. Meredith
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) 2-14-1876

8. AGE:

Years	Months	Days	If less than one day
64	✓	20	hrs. min.

9. Birthplace Taddeville (Town, county, and state)
10. Usual occupation Merchant —
11. Industry or business "General Merchantile"
FATHER 12. Name Charles Bell
13. Birthplace Md
MOTHER 14. Maiden name Lucretia Todd
15. Birthplace Md
16. Informant Mrs Leroy Smith
Address Cambridge Md,
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/7/1940 (month) (day) (year)
Cemetery or crematory Dorchester Mem Park
Location Cambridge, Md.,
18. Funeral director G S Leonard
Address Cambridge Md.
19. Mar 4 1940 (Date rec'd by registrar) Wilson D Pritchett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 11 P M
21. I CERTIFY that death occurred on the date above stated, that I attended deceased from March 24 1930 to March 3 1940, and that I last saw h 62 alive on March 3 1940

Immediate cause of death	DURATION
Acute Coronary Thrombosis	1½ hours
Due to Arteriosclerosis with hypertension	
Due to Diabetes Mellitus	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W J Hanks M.D. or other
Address Cambridge Md Date signed 8/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03098

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8 Peach Blossom Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 35-4-19

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 8 Peach Blossom Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lillie May Messick

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: David A. Messick Jr.

6(c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): Oct. 16-1904

8. AGE: Years 35 | Months 4 | Days 19 | If less than one day ___ hrs. ___ min.

9. Birthplace: Cambridge, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: George L. Abbott

13. Birthplace: Dor. Co.

MOTHER 14. Maiden name: Elizabeth K. Hughes

15. Birthplace: Dor. Co.

16. Informant: David A. Messick Jr.

Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 7-1940 (month) (day) (year)

Cemetery or crematory: Dor. Memorial Park

Location: Cambridge, Md.

18. Funeral director: Kenneth R. Thomas

Address: Cambridge, Md.

19. 3-5 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 5 1940, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30, 1939, to Mar 5 1940, and that I last saw her alive on Oct 14 1939.

Immediate cause of death: Pulmonary tuberculosis — DURATION: 5 yrs.

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wylie M Law M. D. or other

Address: Cambridge Md. Date signed: 3/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03099

(97)

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:

County Dorchester.

City or town Rural Near Eldorado.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 73-yrs. 1-mo. 17-days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester.

City or town Rural Near Eldorado. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR —

3. (a) FULL NAME Daniel James Murphy.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male.	White	Married.

6 (b) Name of husband or wife Elizabeth L. Murphy.

6(c) If alive, give age 70- years

7. Birth date of deceased (mo., day, yr.) January 22nd 1867

8. AGE: Years	Months	Days	If less than one day
73	1	17	hrs. min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Farming.

FATHER
12. Name William G. Murphy.
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden name Mary L. Corkran
15. Birthplace Dorchester Co. Md.

16. Informant Mrs Elizabeth L. Murphy.
Address Rhoadsdale, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 12" 1940 (month) (day) (year)

Cemetery or crematory Brookview, Maryland.

Location Brookview Dorchester Co. Md.

18. Funeral director J. J. Frampton & Son.
Address Federalsburg, Maryland.

19 March 12 1940 (Date rec'd by registrar) Chas W Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9th 1940, at 5-55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 10 1939, to Mar 9 1940, and that I last saw him alive on Mar 6 1940.

Immediate cause of death Arteriosclerosis — DURATION ?

Due to

Due to

Other conditions Gangrene of foot — week.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE H. S. Kuhlman M. D. ~~or other~~

Address Sharptown Md Date signed 3/11/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

03100

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County: Dorchester

City or town: Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 208 Maryland Ave

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 72

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 208 Maryland Ave

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME Wm T. Richardson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Eva Sherman

6(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): 12 - 2 - 1865

8. AGE: Years	Months	Days	If less than one day
74	3	24	hrs. min.

9. Birthplace: Church Creek Dor Co. Md (Town, county, and state)

10. Usual occupation: Manager & Sec'y

11. Industry or business: Cambridge Mfg Co

FATHER 12. Name: Wm Catherines Richardson

13. Birthplace: Md

MOTHER 14. Maiden name: Sarah Christopher

15. Birthplace: Md

16. Informant: Mrs Maude Meekins

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3/28/40 (month) (day) (year)

Cemetery or crematory: Cambridge

Location: Cambridge Md

18. Funeral director: G S LeCompte

Address: Cambridge, Md

19. Mar 28 1940 (Date rec'd by registrar) John Meekins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 26 1940, at 6:30 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 7 1936, to March 26 1940, and that I last saw him alive on March 26 1940.

	DURATION
Immediate cause of death: Uremia	10 days
Due to: Hypertensive C. V. R. disease	5 yrs.
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Wylie M Law M.D

M. D. or other

Address: Cambridge Md Date signed 3-28-40

APR 4 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03101

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cedar St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: maryland County: Dorchester
City or town: Cabenbridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Cedar St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lloyd Rone

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1884 3 3

8. AGE:

Years	Months	Days	If less than one day
63.		3	hrs. min.

9. Birthplace: Accomac Co, Va.
(Town, county, and state)
10. Usual occupation: Sailer
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: "
MOTHER 14. Maiden name: unknown
15. Birthplace: "
16. Informant: Mr. Thomas L Adams
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 20, 1940 (month) (day) (year)
Cemetery or crematory: Evangh Cemetery
Location: High St Cambridge Md
18. Funeral director: H M Slacum
Address: Cambridge Md
19. 3-20 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 19 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 18 1940, to Mar 19 1940, and that I last saw h alive on Mar 19 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to Arterio Sclerosis	2 yrs
Due to Hypertension	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Gilbert Emerson M.D.
M. D. or other
Address: Cambridge Md Date signed 3-20-1940

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

03102

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 313 Race St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 313 Race St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Francis L. Rose

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Anna M. Wilson

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 13 - 1860

8. AGE:

Years	Months	Days	If less than one day
80	1	24	____ hrs. ____ min.

9. Birthplace Trappe, Talbot Co.
(Town, county, and state)
10. Usual occupation Custodian
11. Industry or business

FATHER
12. Name Robert W. Rose
13. Birthplace Denton, Md.

MOTHER
14. Maiden name Sallie N. Griffin
15. Birthplace Dor. Co.

16. Informant Herbert McMahan
Address Cambridge, Md.

17. Burial Date thereof Mar 11-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.

18. Funeral director Kenneth R. Thomas
Address Cambridge, Md.

19. 3-9 1940 John Meade jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 8 1940, at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 3rd 1940, to March 8th 1940, and that I last saw him alive on March 8th 1940.

	DURATION
Immediate cause of death Acute dilatation of the heart	1 min.
Due to arteriosclerotic Cardio-Vascular disease	over 1 year
Due to Terminal Broncho-pneumonia	2 days
Other conditions Auricular fibrillation	3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work? ____

23. SIGNATURE Eldridge H. Wolff M.D.
M.D. or other
Address Cambridge, Md Date signed 3-9-40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 19 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

03103

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge R.F.D. Ward No. ✓

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Lula May Smith —

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced married —

6 (b) Name of husband or wife Howard Smith

6(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 9-16-1888

8. AGE: Years 51 Months 5 Days 21 If less than one day ____ hrs. ____ min.

9. Birthplace Lakeville Md (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Home —

FATHER 12. Name Lemuel B Slacum

13. Birthplace Md.

MOTHER 14. Maiden name Amanda Andrews

15. Birthplace Md.

16. Informant Howard Smith

Address Cambridge R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/9/40 (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. 3-8 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 22 1939, to Mar. 7 1940, and that I last saw her alive on Mar 3 1940

Immediate cause of death Cerebral Hemorrhage — DURATION 5 mos

Due to Arteriosclerosis — 6 mos.

Due to Hypertension — 1 yr.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work? ____

23. SIGNATURE Gilbert E Meeting M.D. M. D. or other

Address Cambridge Md Date signed 3-8-1940

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

CERTIFICATE OF DEATH

03104

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge-Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7 mos

Stay in this community (yrs., or mos., or days) 7 mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural Near
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Avery Smullen

3. (b) Social Security Number 220-01-9608

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	C	married

6 (b) Name of husband or wife Myrtle Roberts

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Nov. 25-1906

8. AGE: Years	Months	Days	If less than one day
33	3	29	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Edward Smullen

13. Birthplace Md

MOTHER 14. Maiden name Ella Thompson

15. Birthplace Md

16. Informant Myrtle Smullen (wife)

Address Hurlock R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 27" 1940 (month) (day) (year)

Cemetery or crematory Skinners Run Cemetery

Location Skinners Run, Dor. Co. Md

18. Funeral director G. J. Hamilton & Son

Address Federalsburg, Md

19. 3-25-1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, 3-45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

	OURATION
Immediate cause of death Asthenia	4-5 wks
Due to Septicaemia	3-4 mos
Due to Abscess in liver and right Pleura due to	6 mos
Other conditions Pistol shot wound upper abdomen etc	7 mos

(Include pregnancy within 3 months of death)

Major findings of operations Aug 6-39 Perforation of L Bronch Liver & Pleura

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date Aug 6-1939

Where did injury occur? Hurlock (City or town) Dor. (County) Md (State)

Injured at home, farm, industry, public place (where?) County Road

Means of injury Pistol shot Injured at work? No

23. SIGNATURE Jos. K. Shriver, Dr. M. E. M. D. or other

Address Cambridge Date signed Mar. 24/40

RECEIVED
APR 4 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (55-2)

03105

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 608 Race St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 21 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 608 Race St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alfred Augustus Stewart

3. (b) Social Security Number: 214-07-9499

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sena A. Willey
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct 9 - 1874
8. AGE: Years 65 | Months 5 | Days 29 | If less than one day: hrs. min.
9. Birthplace: Andrews, Dor. Co. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER
12. Name: Alfred Stewart
13. Birthplace: Dor. Co.
MOTHER
14. Maiden name: Mary Foxwell
15. Birthplace: Dor. Co.
16. Informant: A. Augustus Stewart Jr.
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 10-1940 (month) (day) (year)
Cemetery or crematory: Trenlawn Cemetery
Location: Cambridge, Md.
18. Funeral director: Kenneth R. Thomas
Address: Cambridge, Md.
19. 3-9 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar 8 1940, at 4:30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/10 1938 to 3/8 1940, and that I last saw h 1M alive on 3/8 1940.
Immediate cause of death: Metastasis to brain and throat. y
Due to: Adenocarcinoma y. Parotid gland.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

DURATION: 6 years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; No.
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Cambridge, Md. Date signed: 3/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

03106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Phillips St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Phillips Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Stewart.

3. (b) Social Security Number none.

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Suda Stewart

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Apr. 5 - 1871

8. AGE: Years 68 | Months 11 | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Cordtown
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name James H. Stewart
13. Birthplace Dor. Co Md.

MOTHER
14. Maiden name Catherine Elliott
15. Birthplace Talbot Co. Md

16. Informant Lena Dixon.
Address Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 14th 1940 (month) (day) (year)

Cemetery or crematory Cordtown

Location near Cambridge

18. Funeral director Lewis H. Bayneum
Address Cambridge, Md

19. 3-14 1940 (Date rec'd by registrar) John Mau Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11th 1940, at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5th 1940 to March 11/40.
and that I last saw him alive on March 8th 1940.

Immediate cause of death General Paralysis

Due to Blood Clot.

Due to Unknown.

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) None

Means of injury ____ Injured at work?

23. SIGNATURE Thos L. Hall, M.D. M. D. or other

Address Cambridge, Md. Date signed March 14/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

03107

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md Hospital
Stay in hospital or inst. (yrs., or mos., or days) 5 Days
Stay in this community (yrs., or mos., or days) -

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No. -
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R F D # 4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No -

3. (a) FULL NAME Samuel P Stewart -

3. (b) Social Security Number No -

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed -

6 (b) Name of husband or wife Henrietta North

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 2-16-1856

8. AGE: Years 84 | Months 1 | Days 12 | If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge R F D. Md
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Capt & Steam Boat -

FATHER
12. Name Levin H Stewart
13. Birthplace Md

MOTHER
14. Maiden name Elizabeth Pattison
15. Birthplace Md

16. Informant Mrs Elizabeth Stewart
Address Cambridge Md R F D -

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/30/40 (month) (day) (year)
Cemetery or crematory East New Market
Location East New Market Md

18. Funeral director G S Le Compte
Address Cambridge Md

19. Mar. 30 1940 (Date rec'd by registrar) Ghas Wacee Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 28 1940, at 11.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 23 1940, to Mar 28 1940, and that I last saw h-- alive on March 28 1940.

	DURATION
Immediate cause of death: Myocardeal failure	Instant
Due to: Bronchial pneumonia	3-23-40
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Wyke M Faw M.D
M. D. or other
Address Cambridge Md Date signed 3-28-40

RECEIVED
APR 4 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

03108

CERTIFICATE OF DEATH

Reg. Dist. No. 112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town Rural Near Vienna

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) all Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Elsie M. N Keatley

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife Roland N Keatley

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) aug. 31. 1892.

8. AGE: Years	Months	Days	If less than one day
48	7	25	hrs. min.

9. Birthplace md

(Town, county, and state)

10. Usual occupation House work

11. Industry or business —

FATHER 12. Name Albert S. Bradley.

13. Birthplace Md

MOTHER 14. Maiden name Cristina Doako

15. Birthplace Md

16. Informant Roland N Keatley

Address Vienna

17. Burial (Burial, cremation, or removal Which?) Date thereof Mar 28. 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location East New Market

18. Funeral director H. H. Willoughby.

Address East New Market

19. March 27 1940 (Date rec'd by registrar) Elizabeth N Keatley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/26 1940, at 1:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/1 1939, to 3/26 1940, and that I last saw her alive on 3/20/40 1940

Immediate cause of death metastacis from carcinoma of Breast — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE G Roger Myers M. D. or other

Address Hurlock Md Date signed 3/27/40

RECEIVED
APR 5 1940
BUREAU V. S.

03109

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-B)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dor. Co

County

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hosp.

Stay in hospital or inst. (yrs., or mos., or days) 2 weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Washington Street.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Robert Augustus Wheatley

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva Amy Warfield

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 52 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Lloyds, Dor Co
(Town, county, and state)

10. Usual occupation: Farming

11. Industry or business

FATHER
12. Name: Columbus Wheatley
13. Birthplace: Lloyds, Dor Co. Md

MOTHER
14. Maiden name: Adeline Morris
15. Birthplace: Dor. Co. Md

16. Informant: Maggie Wheatley

Address: 142 Washington St

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof: Mar. 11-1940
(month) (day) (year)

Cemetery or crematory: Beckwith Cem

Location: Cambridge, R.F.D. # 3

18. Funeral director: V M S Class

Address: Cambridge Md

19. 2-11 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 1940, to Mar 8 1940, and that I last saw him alive on Mar 8 1940.

Immediate cause of death: Chronic nephritis

Due to: Arterio Sclerosis

Due to: aggravated by acute attack influenza.

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION: ? / 2

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: John Schneider M.D.
M. D. or other

Address: Cambridge, Md Date signed: Mar 11, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1949
BUREAU V. S.